



HOLY NAME CATHOLIC SCHOOL

STUDENT REGISTRATION PACKET 2024-2025

All of the items on this checklist must be completed prior to acceptance and processing by the school office.

REQUIRED FORMS AND INFORMATION

- ___ *Birth Certificate**
- ___ *Immunization Records (current)**
- ___ *Registration Form*
- ___ *Registration Fee/Book, Tech & Materials Fee
(Due with this packet and non-refundable)*
- ___ *Parent/Student Agreement*
- ___ *Permission for Neighborhood Walks*
- ___ *Permission to Publish Form*
- ___ *Private School Enrollment Reporting Form*
- ___ *Share Hours Agreement*
- ___ *Tuition and Policy Agreement*
- ___ *Volunteer Driver Form*
- ___ *Volunteer's Code of Conduct*
- ___ *Baptismal Certificate (if Catholic)**

If you are New in 2024-25, were you referred by another Kingfisher family?
YES / NO
Referring Family?

-OFFICE USE ONLY-

LAST NAME: _____
DATE RCVD: _____
REGISTRATION PAYMENT MADE: y / n
PAYMENT METHOD
PAYMENT DATE:
GRADE:
PRESCHOOL PLAN:

MONTHLY PAYMENT TYPE:

HOME OF THE KINGFISHERS

Email: schooloffice@holynamektn.org Website: <http://holynamektn.org/school>

433 Jackson Street · Ketchikan, Alaska 99901-5715 · (907) 225-2400 · Fax (907) 247-0041

****For students currently registered for the 2023-2024 school year, resubmission of these documents ARE necessary due to our schools status change.***

Immunization records should be updated as your child receives their shots.

Page intentionally left blank.



HOLY NAME CATHOLIC SCHOOL

STUDENT REGISTRATION FORM 2024-2025

Student Information

NAME: _____ DOB: _____ Gender: M / F

Current Age: _____ Grade: Full Day Ladybug / Kindergarten

Religion: _____ If Catholic, Baptized: 1st Communion: _____ Reconciliation: _____

Is your family a registered, active member of Holy Name Catholic Church? YES NO

Student Lives With: _____ Relationship: _____

Prefers to be called: _____ Dominant Hand: _____

Ethnicity: *Please check only one*
Alaskan Native Native American Asian Black Native Hawaii/Pacific Islands Caucasian
 Hispanic Other

Mailing Address: _____ Physical Address: _____

Home Phone: _____ Alternate Phone: _____

Mother: _____ Natural Step Foster Other

Cell Phone: _____ Employer: _____ Work #: _____

Email: _____ Religion: _____

Father: _____ Natural Step Foster Other

Cell Phone: _____ Employer: _____ Work #: _____

Email: _____ Religion: _____

In case of emergency: Please list at least 2 contacts who are not parents

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Persons authorized to pick up your child other than yourself:

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Last school attended by child: _____

Include mailing address of school if out of town: _____

List any academic or behavioral concerns of which classroom teachers should be aware:

Has your child been registered in special education classes? YES NO

What special services has your child received while attending other schools?

Family Physician: _____ **Phone #** _____

Regular Medications: _____

(If medication is to be taken during school hours, please request a permission form from the front office)

Allergies: _____

Other Health History: _____

Please check those that apply to your child:

- | | | |
|--|--|---|
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Epilepsy or convulsions | <input type="checkbox"/> Bladder problems |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Chickenpox |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Defects | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Tubes in ears | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Wax plugs in ears | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Stomachaches | <input type="checkbox"/> Eye Surgery | |

If other, please list: _____

List any conditions that would limit student participation in school physical education, swimming or other programs:

If you have answered "yes" for any of the above questions, your child will need to be screened for TB.

_____ I will take my child to get a TB screening and provide the school with proof of results.

Holy Name Catholic School
Parent/Student Agreement

I have read and understand the information given to me concerning the policies and the philosophy of Holy Name Catholic School as stated in the Student/Parent Handbook 2024-2025.
I agree to cooperate with the general policies and to perform the obligations of parents and guardians.

Signature of Parent or Guardian

Date

Signature of Student

Date

Parent or Guardian

Date

DIOCESE OF ANC/JUNEAU – HOLY NAME CATHOLIC SCHOOL
VOLUNTEER DRIVER FORM

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Driver's License #: _____ State issued: _____

Date of Expiration: _____

Information of vehicle that will be used:

Vehicle Description (Year, Make, Model):

Insurance Company's Name: _____

Liability Limits: _____
(Minimum Limits of \$100,000/\$300,000 Required)

Agent's Name: _____

In order to provide for the safety of those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last **three** years:

PLEASE BE AWARE THAT AS A VOLUNTEER DRIVER, YOUR INSURANCE IS PRIMARY.

Thank you for helping us with our school's transportation needs.

Certification: I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Volunteer Driver Signature

Date

Holy Name Catholic School

Permission for Neighborhood Walks

I give my permission for my child _____ to go on walks to various locations near the school property; such as visiting neighborhood trees, the Third Avenue playground, Peace Health and other areas located within a mile of the school.

Signature of Parent or Guardian

Date

Permission to Publish

(Valid for the entire duration of the student's enrollment at HNCS)

We are seeking permission to publish your child's picture and/or work on the Internet or in other published forms. These items may be used on our website, in brochures, on social media or other published documents. Please check the options we may use in handling your child's photograph, work, and/or name.

Holy Name Catholic School may use the following to post and/or publish:

My child's candid photo, individually

My child's first name only

My child's candid photo, as part of a group

My child's first and last name

My child's work

Please **DO NOT** publish my child's photo

Please **DO NOT** publish my child's name

Child's Name _____

Parent/Guardian Name _____

Signature

Date

HOLY NAME CATHOLIC SCHOOL

VOLUNTEER'S CODE OF CONDUCT

Our children are the most important gifts God has entrusted to us. As a volunteer I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our school.

Volunteers shall:

- ☐ Complete the Diocese of Juneau Safe Environment Training Program.
- ☐ Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- ☐ Avoid situations where they are alone with children and youth at Church and School activities.
- ☐ Use positive reinforcement with children and youth rather than criticism, competition, or comparison.
- ☐ Refuse to accept gifts from children and youth or parents without previous written approval of the pastor or administrator.
- ☐ Refrain from giving gifts to children or youth without prior approval of the parents or guardian and the pastor or administrator.
- ☐ Report to the pastor, administrator, or appropriate supervisor and (the local Child Protection Services Agency) of any suspected abuse. Failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- ☐ Cooperate fully in any investigation of abuse of children or youth.

Volunteers must not:

- ☐ Smoke or use tobacco products in the presence of children or youth.
- ☐ Use, possess, or be under the influence of illegal drugs or alcohol at any time while volunteering.
- ☐ Pose any health risk to children and youth (i.e., no fevers or other contagious situations).
- ☐ Strike, spank, shake, or slap children and youth.
- ☐ Humiliate, ridicule, threaten, or degrade children and youth.
- ☐ Touch a child in a sexual or other inappropriate manner.
- ☐ Use any discipline that frightens or humiliates children and youth.
- ☐ Use profanity in the presence of children and youth.

understand that as a volunteer working with children and youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and youth.

Volunteer Signature

Date

EARLY CARE REGISTRATION 2024-2025

Before School Care: Drop off opens at 7:30am

Billing: Flat fee of \$7.00 per each day attended

Student Name: _____ Grade: _____

Parent/Guardian Names: _____

Home Phone: _____ E-Mail: _____

Mailing Address: _____

Parent/Guardian Cell#: _____

Parent/Guardian Work#: _____

Please list names and phone numbers of all persons authorized to pick up your child from Extended Care:

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Please list any food allergies your child(ren) may have:

My child(ren) will need Extended Care in the morning at ____ AM

My child(ren) will need Extended Care on these days: __M __T __W __Th __F

Parent/Guardian Signature

Date

DRESS CODE 2024-25

At Holy Name Catholic School, our uniforms are our first opportunity to make an impression on those who see us, and as such are the most apparent expression of our commitment to modesty, safety, and a distraction-free learning environment. We believe that our dress code policies contribute to a positive school, and provide a level playing field to our students, free of the judgment which may be a byproduct of fads, fashion trends, or socioeconomic factors.

General guideline for all students:

1. Clothing must be clean, neat and appropriately sized.
2. Torn or tattered clothing – including items designed to look “aged”- is unacceptable.
3. Skirts, split skirts and dresses must be at an appropriate length.
4. Hair must be clean and groomed appropriately. No extreme hairstyles or dyes are allowed.
5. Make-up is not allowed. Earrings below the lobe are not allowed.
6. Hats are not to be worn inside the school.
7. Socks are a mandatory part of the dress code.
8. Shoes are to be age appropriate and fastened properly. For safety reasons, no flip-flops or other open toe footwear are allowed.
9. Clothing should be appropriate to the weather conditions. This includes a waterproof layer/rain jacket every day.
10. Increased attention should be given to student dress on occasions such as Mass on Fridays, or Chapel Day for elementary school.

Elementary Uniform Expectations: (when applicable)

1. Students are to arrive and leave school dressed in the appropriate school uniform.
2. ***Approved Kingfisher uniform shirts must be worn each day.***
3. ***The Kingfisher logo should always be visible and worn on the top layer.***
4. Undershirts must be solid white or blue.
5. All sweatshirts worn must be part of the official uniform and have the Kingfisher logo.
6. If students are not in compliance, parents will be notified and expected to take measures of correction. If there is a second non-compliance, parents will be called for a conference with the Principal.

Mass, CSW, Chapel Time & Field Trip Uniform Expectation:

TOPS:

Long or short sleeved collared dress shirt or blouse, or light blue or navy polo with logo. Navy HNCS cardigan, pull over sweater, or vest.

Uniforms can be purchased at www.globalschoolwear.com

TUITION AND POLICY AGREEMENT

I, the undersigned, do hereby agree to comply with the educational policies and regulations of the Diocese of Juneau and Holy Name Catholic School Handbook.

I agree to pay the registration fee, tuition and other fees for the upcoming school year. The registration fee is due at time of student registration *which secures my child's spot in the program*, and is **non-refundable**.

I realize that bills are sent on the **1st of the month and due on the 5th of the month**. A late fee of \$20.00 will be added monthly if tuition payment is late. Tuition that is 15 days past due {weekends/holidays excluded} is a reason for temporary or permanent dismissal and/or refusal for acceptance for the following year.

In the event that timely payment of any fee becomes difficult, the undersigned parent/guardian will advise the parish Business Manager without delay and keep him/her informed on a continuous basis until the matter is resolved.

I realize that checks returned due to insufficient funds will be billed an additional \$35.00. After one check of this nature, we will require future payments in cash. If there is sufficient reason for a late payment and the Pastor has been notified, the above policy may not apply. However, the Pastor must be contacted in order to receive a time extension.

Prorated schedule: Contact the Business Manager.

Refund Policy: Please contact the Business Manager if refund is requested.

I understand that tuition and registration fees are published separately, for each academic year. Discounts are scheduled both for multiple children enrolled and for practicing parishioners of Holy Name Parish. For the former discount to apply, all children must be from the same family. For the latter discount to apply, the parent(s)/guardian(s) must be (an) *active* parishioner(s). (i.e., attending Holy Mass weekly *and* providing material support of the church).

Those who do not intend to comply with the above provisions should register their children under the non-parishioner schedule. If the undersigned has registered under the discounted parishioner schedule, he/she agrees that, should the above provisions not be fulfilled, the tuition schedule will revert to that of a non-parishioner.

I understand no credits are to be given for absences. Arrangements for leave of absence no longer than two weeks may be made with the teacher in-charge prior to the absence. Credits for holidays, school closures and vacations are not given.

I realize that a two-week notice and a meeting with the Director are requested should I withdraw my child from the school.

I pledge to support the administration and the faculty of Holy Name Catholic School and will keep the lines of communication open by following the guidelines of communication in the Holy Name Catholic School Handbook.

I realize that failure to meet the above requirements can prohibit my child from acceptance to the school the following year.

Acceptance of students of Holy Name Catholic School means that the family of the student is also accepted into the school community. Students and their families are expected to contribute to the up building of the Christian community at the school.

Holy Name Catholic School admits students of any race, color, sex, nationality and ethnic origin to all the rights and privileges, programs and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, sex, nationality and ethnic origin in the administration of its educational policies, scholarship and loan, and athletic and other school programs.

You may expect Holy Name Catholic School to refuse enrollment of any student carrying a balance, from HNCS or any other school, from the prior term.

Parent/Guardian Signature

Date

If someone other than parents is responsible for paying tuition please fill this out.

Name: _____ Relationship to Student: _____

Billing Address: _____

Phone Number: _____

2024-2025 AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

STUDENT(S) NAME(S): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

WITHDRAWAL AMOUNT / SCHEDULING	
School Tuition: \$ _____	Extended Care \$ _____
Make withdrawal per this schedule:	
___ Monthly on the 1 st	___ Monthly on the 5 th
___ Other withdrawal schedule: _____	

Holy Name Catholic School will charge a \$35 fee for insufficient funds or denied charges.

<p>DEDUCT FROM BANK ACCOUNT <i>(No Transaction Fees)</i></p> <p>___ Savings Account (contact your financial institution for routing number or attach deposit slip)</p> <p>___ Checking Account <i>(Please attach a blank voided check to this form.)</i></p> <p>I authorize HOLY NAME CATHOLIC SCHOOL and Quickbooks Intuit, LLC to process the debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. I understand this authorization is valid for the 2024-2025 school year.</p> <p>Signature: _____ Date: _____</p>
--

<p>DEDUCT FROM CREDIT CARD</p> <p>I authorize Holy Name Catholic School and Quickbooks Intuit, LLC to charge my card in accordance with the information above. I understand that my credit card information will be securely stored in the Business Office where only the Pastor and Business Manager have access.</p> <p>Signature: _____ Date: _____</p>

2024-2025 Credit Card Information and Authorization

Student(s) Name(s): _____

Name as it appears on Card: _____

Billing Address of Card: _____

Credit Card Number: _____ Exp Date: _____ CVS# _____

I authorize Holy Name Catholic School and Quickbooks Intuit, LLC to charge my card in accordance with the information provided on the **2024-2025 Authorization Agreement for Automatic Withdrawal of Funds Form**.

Card Holder Initials: _____ Date: _____

PAYMENTS CAN BE MADE DIRECTLY ONLINE VIA OUR WEBSITE @ [HOME | holynameschool](https://holynameschool.org) (holynameschoolketchikan.org) AND SELECT ONLINE PAYMENTS.